



# PC1: Required Items Checklist for Professional Certification

Must be typewritten.

☒ Orient and affix BIS  
job number label here ☒

## 1 Location Information Required for all applications.

House No(s) **142-43** Street Name **130 AVENUE**

Borough **QUEENS** Block **12066** Lot **00042** BIN **4262074** C.B. No. **412**

## 2 Required Items Required for all applications. Yes or no must be selected for every item. Continues on page 2.

| Y                                   | N                                   | W                        | ITEMS REQUIRED PRIOR TO APPROVAL                           | Y                                   | N                                   | W                        | ITEMS REQUIRED PRIOR TO APPROVAL                   |
|-------------------------------------|-------------------------------------|--------------------------|------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1ST ZONING REVIEW COMPLETE                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2008 CODE TR1 REQUIRED                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2ND ZONING REVIEW COMPLETE                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ACCESSIBILITY WAIVER (PE01)                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ADDRESS: NEW HOUSE NUMBER APPROVED                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ADULT ACTIVITY APPROVAL                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ADULT ESTABLISHMENT APPROVAL                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AI1 OBJECTIONS RESPONSE                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ANTI-HARASSMENT AREA CHECKLIST                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | APPLICANT TO SELF CERTIFY OBJECTIONS               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | ASBESTOS: CERTIFICATION (DEP ACP5)                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-BSA REQUIREMENTS                               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-CPC REQUIREMENTS                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-DEP: NON-STD DRAINAGE STRUCTURE                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-NYS DEC: DRAIN STREET TO WETLAND                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-PARKS: REMOVE MATURE TREE                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-TA: RELOCATE BUS STOP                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-UTILITY APPROVAL TO RELOCATE POLE              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: CATCH BASIN/MANHOLE REQUIRED                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: CHECKLIST IN LIEU OF PLANS-ALT3               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: CONTRACTOR BOND-INSTALL ROADWAY                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: DISTINCT SIDEWALK-LEGAL AGREEMENT             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: DISTINCT SIDEWALK-STONE TEST REPORT                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: DOT PERMISSION TO MOVE FRANCHISE              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: FIELD VISITS RESULTS NEEDED                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: FILING REQUIRED                               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: GRADE STUDY                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: INFRASTRUCTURE AND SITE SKETCH                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: NOTES REQUIRED ON PLAN                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: PHOTOS-SIGNED/SEALED BY APPLICANT             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: SITE PLAN-NEW R.O.W. INSTALLATION                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: STREET DRAINAGE APPLICATION                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: STREET TREES SITE PLAN                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: TOPOGRAPHIC SURVEY                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: TRAFFIC ENG STDY-CC IN INTERSECTION                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: WAIVER OF GRADE FILING                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BROOKLYN PARKING RESTRICTIONS                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BSA VARIANCE                                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BSA/CPC APPROVAL                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CALENDARED PROPERTY - 40-DAY HOLD                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CANTILEVER FIRE ANALYSIS APPROVED BY DOB & FDNY            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CLINTON DISTRICT: ANTI-HARASSMENT CHECKLIST        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CLINTON DISTRICT: RESTRICTIVE DEC                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | COST AFFIDAVIT ESTIMATE: (PW3)                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CPC: HUDSON YARDS INITIAL CERTIFICATION                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CURB CUT: PROVIDE EXISTING NUMBER                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DEP SANITARY SEWER CERTIFICATION (HCP/SCP)                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DEP STORMWATER SEWER CERTIFICATION (HCP/SCP)       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DESIGN COMM. APPROVAL: CITY-OWNED PROPERTY (EXTERIOR WORK) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DESIGN COMM. APPROVAL: DISTINCTIVE SIDEWALK        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DOB - CONSTRUCTION CODE DETERMINATION (CCD1)               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DOB - ZONING DIAGRAM (ZD1)                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DOB - ZONING RESOLUTION DETERMINATION (ZRD1)               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ECCCNYS ANALYSIS                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ENCROACHMENT ONTO SIDEWALK: DOT REVOCABLE CONSENT          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ENERGY CODE 1ST REVIEW COMPLETE                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ENERGY CODE 2ND REVIEW                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ENERGY CODE ANALYSIS INCOMPLETE                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ENERGY CODE COMPLIANCE FEE                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ENVIRONMENTAL RESTRICTIONS - OER NOTICE TO PROCEED |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FDNY FIRE SUPPRESSION FEE PAYMENT RECEIPT                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FEE: CIVIL PENALTY FOR LEGALIZATION                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FIRE ALARM/SIGNAL SYSTEM (FA) SIGNOFF                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FIRE ALARM: FDNY RECEIVED & ACCEPTED PLANS         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FIRE APPARATUS ACCESS ROADS FOR DEVELOPMENT: FDNY APPROVAL | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FIRE PROTECTION PLAN(FPP): FDNY APPROVAL           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FLOOD ZONE DESIGN CERTIFICATION                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FOREIGN GOV'T PROPERTY: STATE DEPT. LTR            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FOUNDATION PLAN APPROVAL                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HIGH LINE - PARKS APPROVAL REQUIRED                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HPD: INCLUSIONARY HOUSING LETTER                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HPD: SRO MD CERTIFICATE OF NO HARASSMENT           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HUDSON YARDS PARKING AMENDMENT                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HYDRAULIC FLOW CALCULATIONS                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HYDRO FLOW TEST LETTER                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | IDENTIFY THE PRIMARY JOB ON PW1                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | LANDMARKS APPROVAL                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | LANDMARKS SIGNOFF                                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | LOFT BOARD CERTIFICATE                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | NYCECC ANALYSIS                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NYCECC EXEMPTION                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NYS DEC COASTAL EROSION HAZARD APPROVAL            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NYS DEC COASTAL EROSION HAZARD MAP                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NYS DEC FRESHWATER WETLANDS APPROVAL               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NYS DEC FRESHWATER WETLANDS MAP                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NYS DEC TIDAL WETLANDS APPROVAL                    |

Y - Yes N - No W - Waive

PC1 03/12

If this PC1 Application is being filed electronically as part of a professionally certified application, then it must be filed simultaneously with an electronically filed POC1 form that includes all applicable applicant and owner signatures.

|          |                                                                                                                           |
|----------|---------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> | <b>Required Items (Continued)</b> Required for <i>all</i> applications. Yes or no must be selected for <i>every</i> item. |
|----------|---------------------------------------------------------------------------------------------------------------------------|

| <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> NYS DEC TIDAL WETLANDS MAP<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> PREFAB/MODULAR CONSTRUCTION: NYS COMPLIANCE STATEMENT<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> PTA3: GREEN ROOF TAX ABATEMENT APPLIC (PRELIMINARY)<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> RECORDS MGMT FEE PAYMENT RECEIPT<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> RESOLVE ZONING DISCREPANCY (DATA CHANGE)<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> RESTRICTION: EASEMENT AGREEMENT<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SEPTIC SYSTEM: SEPTIC COMPLIANCE UNIT APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SOIL REPORT<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STEEL AFFIDAVIT: PRELIMINARY<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STREET: NEW STREET NAME APPROVED<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STRUCTURAL PEER REVIEW REQUIRED<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT CALCULATIONS<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TEMPORARY FLOOD SHIELDS: EMERGENCY FLOOD PLAN<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TR8: ENERGY CODE PROGRESS INSPS TECHNICAL REPORT<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TRASH COMPACTOR REQUIREMENTS<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TREE REMOVAL: SPEC. ZON. DIST./CPC APPR<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> URBAN RENEWAL AREA: HPD APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> WATERFRONT AREA ZONING COMPLIANCE<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ZONING EXHIBIT II: CERTIFICATION<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ZONING EXHIBIT IV: CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> OAC REGISTRATION<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> PREFABRICATED/MODULAR CONSTRUCTION: OTCR APPROVALS<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PTA4: SOLAR TAX ABATEMENT APPLICATION (PRELIMINARY)<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> RESOLVE ZONING DISCREPANCY<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> RESTRICTION: DEED<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> RESTRICTION: RESTRICTIVE DECLARATION<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SITE SURVEY: INITIAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SRO MD ANTI-HARASSMENT CHECKLIST<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STREET TREE CHECKLIST<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STREET: UNMAPPED-NOTIFY EMERG. AGENCIES<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SUBDIVISION SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TAX LOT: TENTATIVE LOT NUMBER ISSUED<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TENANT PROTECTION PLAN AND NOTES<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TRANSIT AUTHORITY/MTA/PANYNJ APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TREE REMOVAL: OUTSIDE PROP./PARKS APPR<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> U.S. ARMY CORPS OF ENGINEERS APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> VERIFY DOB PLAN NAMING STANDARD IS MET<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ZONING EXHIBIT I: CERTIFICATION<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ZONING EXHIBIT III: DESC. & OWNERSHIP STATEMENT<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ZONING EXHIBIT V: CERTIFICATION |                          |                                                           |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------|-------------------------------------------|--------------------------|-------------------------------------|--------------------------|----------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------------|-------------------------------------|-------------------------------------|--------------------------|-----------------------------------|--------------------------|-------------------------------------|--------------------------|----------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------------------------|--------------------------|-------------------------------------|--------------------------|----------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-----------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------|-------------------------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------|--------------------------|-------------------------------------|--------------------------|--------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------------|
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Y</th> <th style="text-align: left;">N</th> <th style="text-align: left;">W</th> <th style="text-align: left;">ITEMS REQUIRED PRIOR TO PERMIT</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2008 TR1 REQUIRED FOR NEW/WAIVED INSPECTIONS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ASBESTOS: VARIANCE (DEP FORM V5)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DIR-14 ID OF RESPONSIBILITY (TR1)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>EQUIPMENT (EQ) PERMITS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>HIC LICENSE OR AFFIDAVIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>INSURANCE: LIABILITY</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>INSURANCE: WORKERS' COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>LPC-BSA ARCHEOLOGY RESTRICTIVE DECLARATION (INITIAL)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>MICROFILM/SCAN: ADDITIONAL REQUIRED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>PARTIAL DEMO PLAN &amp; DS1 (FOR AL/EW-OT PERMITS)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>PROJECT-SPECIFIC GL INSURANCE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>SCAFFOLD APPLICATION &amp; PERMIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>SITE SAFETY PLAN: BEST APPROVAL REQUIRED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>STANDPIPE WORK PERMIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TEMPORARY FENCE APPLICATION &amp; PERMIT</td> </tr> </table>                                                                                                                                                                                               | Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N                        | W                                                         | ITEMS REQUIRED PRIOR TO PERMIT            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2008 TR1 REQUIRED FOR NEW/WAIVED INSPECTIONS | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ASBESTOS: VARIANCE (DEP FORM V5) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | DIR-14 ID OF RESPONSIBILITY (TR1) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | EQUIPMENT (EQ) PERMITS                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HIC LICENSE OR AFFIDAVIT       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | INSURANCE: LIABILITY                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | INSURANCE: WORKERS' COMPENSATION      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | LPC-BSA ARCHEOLOGY RESTRICTIVE DECLARATION (INITIAL) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | MICROFILM/SCAN: ADDITIONAL REQUIRED | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PARTIAL DEMO PLAN & DS1 (FOR AL/EW-OT PERMITS) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PROJECT-SPECIFIC GL INSURANCE          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SCAFFOLD APPLICATION & PERMIT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SITE SAFETY PLAN: BEST APPROVAL REQUIRED             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | STANDPIPE WORK PERMIT       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TEMPORARY FENCE APPLICATION & PERMIT | <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Y</th> <th style="text-align: left;">N</th> <th style="text-align: left;">W</th> <th style="text-align: left;">ITEMS REQUIRED PRIOR TO C OF O OR SIGNOFF</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ADDRESS: NEW HOUSE NUMBER APPROVED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>APPLICANT CONCRETE RETESTING REPORT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BOILER (BL) SIGNOFF</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP-DEP: INSTALL/MODIFY DRAINAGE STRUCTURE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP-DESIGN COMM APPROVAL: DISTINCTIVE SIDEWALK</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP-DOT: SIDEWALK ENCROACHMENT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP-PARKS: PLANT NEW TREE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP: AS-BUILT SIDEWALK SURVEY</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP: FIELD INSPECTION</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP: FINAL SIGNOFF</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP: SIDEWALK &amp; ROADWAY THICKNESS CORES</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BSA VARIANCE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CERTIFICATE OF OCCUPANCY</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CONSTRUCTION (OT) SIGNOFF</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CURB CUT (CC) SIGNOFF</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DEP SANITARY SEWER CERTIFICATION (HCP/SCP)</td> </tr> </table> | Y                                   | N                        | W                                                         | ITEMS REQUIRED PRIOR TO C OF O OR SIGNOFF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ADDRESS: NEW HOUSE NUMBER APPROVED | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | APPLICANT CONCRETE RETESTING REPORT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BOILER (BL) SIGNOFF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-DEP: INSTALL/MODIFY DRAINAGE STRUCTURE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-DESIGN COMM APPROVAL: DISTINCTIVE SIDEWALK | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-DOT: SIDEWALK ENCROACHMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-PARKS: PLANT NEW TREE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: AS-BUILT SIDEWALK SURVEY | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: FIELD INSPECTION | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: FINAL SIGNOFF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: SIDEWALK & ROADWAY THICKNESS CORES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BSA VARIANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CERTIFICATE OF OCCUPANCY | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CONSTRUCTION (OT) SIGNOFF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CURB CUT (CC) SIGNOFF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DEP SANITARY SEWER CERTIFICATION (HCP/SCP) |
| Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | W                        | ITEMS REQUIRED PRIOR TO PERMIT                            |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | 2008 TR1 REQUIRED FOR NEW/WAIVED INSPECTIONS              |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | ASBESTOS: VARIANCE (DEP FORM V5)                          |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | DIR-14 ID OF RESPONSIBILITY (TR1)                         |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | EQUIPMENT (EQ) PERMITS                                    |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | HIC LICENSE OR AFFIDAVIT                                  |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | INSURANCE: LIABILITY                                      |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | INSURANCE: WORKERS' COMPENSATION                          |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | LPC-BSA ARCHEOLOGY RESTRICTIVE DECLARATION (INITIAL)      |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | MICROFILM/SCAN: ADDITIONAL REQUIRED                       |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | PARTIAL DEMO PLAN & DS1 (FOR AL/EW-OT PERMITS)            |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | PROJECT-SPECIFIC GL INSURANCE                             |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | SCAFFOLD APPLICATION & PERMIT                             |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | SITE SAFETY PLAN: BEST APPROVAL REQUIRED                  |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | STANDPIPE WORK PERMIT                                     |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | TEMPORARY FENCE APPLICATION & PERMIT                      |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | W                        | ITEMS REQUIRED PRIOR TO C OF O OR SIGNOFF                 |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | ADDRESS: NEW HOUSE NUMBER APPROVED                        |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | APPLICANT CONCRETE RETESTING REPORT                       |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BOILER (BL) SIGNOFF                                       |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP-DEP: INSTALL/MODIFY DRAINAGE STRUCTURE                |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP-DESIGN COMM APPROVAL: DISTINCTIVE SIDEWALK            |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP-DOT: SIDEWALK ENCROACHMENT                            |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP-PARKS: PLANT NEW TREE                                 |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP: AS-BUILT SIDEWALK SURVEY                             |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP: FIELD INSPECTION                                     |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP: FINAL SIGNOFF                                        |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP: SIDEWALK & ROADWAY THICKNESS CORES                   |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BSA VARIANCE                                              |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | CERTIFICATE OF OCCUPANCY                                  |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | CONSTRUCTION (OT) SIGNOFF                                 |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | CURB CUT (CC) SIGNOFF                                     |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | DEP SANITARY SEWER CERTIFICATION (HCP/SCP)                |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Y</th> <th style="text-align: left;">N</th> <th style="text-align: left;">W</th> <th style="text-align: left;">ITEMS REQUIRED PRIOR TO C OF O OR SIGNOFF</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>APPLICANT CONCRETE EVALUATION REPORT</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>AS-BUILT ENERGY ANALYSIS (EN2)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BOILER APPROVAL : FORM</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP-DEP: INSTALL/RELOCATE FIRE HYDRANT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP-DOT: RELOCATE STREET LIGHT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP-DOT: SIDEWALK/CURB/ROAD WORK PERMITS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP-TA: INSTALL SIDEWALK OVER STATION</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP: ENGINEERS AFFIDAVIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP: FINAL AS-BUILT PHOTOGRAPHS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP: MAINTENANCE AGREEMENT - RETAINING WALL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BPP: SIDEWALK CONCRETE STRENGTH REPORT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CAP &amp; CLEAN FORM</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CLINTON DIST: HPD CERT COMPLETION LOW-INCOME HOUSING</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>COST AFFIDAVIT (FINAL): PW3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DEMOLITION (DM) JOB SIGNOFF</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DESIGN COMM. SIGNOFF: CITY-OWNED PROPERTY (EXTERIOR WORK)</td> </tr> </table> | Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N                        | W                                                         | ITEMS REQUIRED PRIOR TO C OF O OR SIGNOFF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | APPLICANT CONCRETE EVALUATION REPORT         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | AS-BUILT ENERGY ANALYSIS (EN2)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BOILER APPROVAL : FORM            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-DEP: INSTALL/RELOCATE FIRE HYDRANT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-DOT: RELOCATE STREET LIGHT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-DOT: SIDEWALK/CURB/ROAD WORK PERMITS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP-TA: INSTALL SIDEWALK OVER STATION | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: ENGINEERS AFFIDAVIT                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: FINAL AS-BUILT PHOTOGRAPHS     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: MAINTENANCE AGREEMENT - RETAINING WALL    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BPP: SIDEWALK CONCRETE STRENGTH REPORT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CAP & CLEAN FORM              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CLINTON DIST: HPD CERT COMPLETION LOW-INCOME HOUSING | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | COST AFFIDAVIT (FINAL): PW3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DEMOLITION (DM) JOB SIGNOFF          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DESIGN COMM. SIGNOFF: CITY-OWNED PROPERTY (EXTERIOR WORK) |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | W                        | ITEMS REQUIRED PRIOR TO C OF O OR SIGNOFF                 |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | APPLICANT CONCRETE EVALUATION REPORT                      |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | AS-BUILT ENERGY ANALYSIS (EN2)                            |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BOILER APPROVAL : FORM                                    |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP-DEP: INSTALL/RELOCATE FIRE HYDRANT                    |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP-DOT: RELOCATE STREET LIGHT                            |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP-DOT: SIDEWALK/CURB/ROAD WORK PERMITS                  |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP-TA: INSTALL SIDEWALK OVER STATION                     |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP: ENGINEERS AFFIDAVIT                                  |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP: FINAL AS-BUILT PHOTOGRAPHS                           |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP: MAINTENANCE AGREEMENT - RETAINING WALL               |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | BPP: SIDEWALK CONCRETE STRENGTH REPORT                    |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | CAP & CLEAN FORM                                          |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | CLINTON DIST: HPD CERT COMPLETION LOW-INCOME HOUSING      |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | COST AFFIDAVIT (FINAL): PW3                               |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | DEMOLITION (DM) JOB SIGNOFF                               |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | DESIGN COMM. SIGNOFF: CITY-OWNED PROPERTY (EXTERIOR WORK) |                                           |                          |                                     |                          |                                              |                                     |                                     |                          |                                  |                                     |                                     |                          |                                   |                          |                                     |                          |                                        |                          |                                     |                          |                                |                          |                                     |                          |                                          |                          |                                     |                          |                                       |                          |                                     |                          |                                                      |                          |                                     |                          |                                     |                          |                                     |                          |                                                |                          |                                     |                          |                                        |                          |                                     |                          |                               |                          |                                     |                          |                                                      |                                     |                                     |                          |                             |                          |                                     |                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                                           |                                           |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |                                     |                          |                     |                          |                                     |                          |                                            |                          |                                     |                          |                                                |                          |                                     |                          |                                |                          |                                     |                          |                           |                          |                                     |                          |                               |                          |                                     |                          |                       |                          |                                     |                          |                    |                          |                                     |                          |                                         |                          |                                     |                          |              |                          |                                     |                          |                          |                          |                                     |                          |                           |                          |                                     |                          |                       |                          |                                     |                          |                                            |

|          |                                                                                                                    |
|----------|--------------------------------------------------------------------------------------------------------------------|
| <b>2</b> | <b>Required Items (Continued)</b> <i>Required for all applications. Yes or no must be selected for every item.</i> |
|----------|--------------------------------------------------------------------------------------------------------------------|

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> DETECTOR: CARBON MONOXIDE-CERT. OF INSTALL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> DOB - ZONING DIAGRAM (ZD1)<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> DRY PIPE VALVE TEST : FP-10<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ENVIRONMENTAL RESTRICTIONS - OER NOTICE OF SATISFACTION<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FA - FDNY APPROVAL : FD-FAA<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FA SELF CERT DEFECT : FD-FASC<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FEMA ELEVATION CERT (086-0-33)/ FLOODPROOFING CERT (086-0-34)<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FIRE ALARM: AS-BUILT PLANS<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FIRE RETARDANT TREATED WOOD: FDNY CERTIFICATE<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FIRE SUPPRESSION SYSTEM (FP) SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FUEL STORAGE (FS) SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> GASOLINE TANK SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> HPD: INCLUSIONARY HOUSING ELIG. CERT<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> LANDMARKS APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> LPC-BSA ARCHEOLOGY RESTRICTIVE DECLARATION (FINAL)<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> MASONRY SUPPLIER'S STATEMENT-FORM 10J<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL GAS INST CERT : LETTER-MED<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> OIL TANK REMOVAL CERT : LETTER-FO<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> PLACE OF ASSEMBLY (PA) SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> PRELIMINARY COMMISSIONING REPORT CERTIFICATION<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> PTA3: TAX ABATEMENT ELIGIBILITY APPROVAL<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PTA4: TAX ABATEMENT ELIGIBILITY APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> RESTRICTION: EASEMENT AGREEMENT<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> RPZ/DDCV TEST REPORT : GEN215B<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SEPTIC ABANDONMENT CERT: LETTER-SCAV<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SEWER/HOUSE CON SIGNOFF: DEP HC 021<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SP/SD DEVICE CERT : LTR-LIC ELECT<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SPRINKLER INSP REPORT : FP-85<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STANDPIPE (SD) SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STEEL AFFIDAVIT- FINAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STREET TREES SITE PLAN<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STREET: UNMAPPED. NOTIFY EMERG. AGENCIES<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SWIMMING POOL: DOH APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TAP LETTER - FIRE SVC : DEP-FIRE<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TRANSIT AUTHORITY/MTA/PANYNJ APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TREE REMOVAL: SPEC. ZON. DIST./CPC APPR<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> US ARMY CORPS OF ENGINEERS APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> WATER SUPPLY (PRIVATE): DOH APPROVAL | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> DETECTOR: SMOKE-CERT. OF INSTALLATION<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> DOB FINAL INSPECTION REQUIRED<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ELEVATOR JOB SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> EQUIPMENT USE PERMITS<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FA LETTER OF DEFECT : FD-FALD<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FEES: PAY DEFERRED FEES<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FIRE ALARM/SIGNAL SYSTEM (FA) SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FIRE PROTECTION PLAN (FPP): FDNY APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FIRE SUPP ANSUL APPROVL: FD-FSS<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> FUEL BURNING (FB) SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> GAS WELDER ANNUAL CERT : GAS-WELD<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> HOUSE CONNECTION SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> HPD: SRO MD CERTIFICATE OF NO HARASSMENT<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> LANDMARKS SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> MARQUEE (OT) SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> MECHANICAL (MH) SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> MICROFILM/RECORDS MGMT: ADDL FEE REQUIRED<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> PILES: FINAL PILE PLAN/CREOSOTE LETTER<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> PLUMBING (PL) SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> PTA3: GREEN ROOF TAX ABATEMENT APPLIC (FINAL)<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PTA4: SOLAR TAX ABATEMENT APPLICATION (FINAL)<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> RESTRICTION: DEED<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> RESTRICTION: RESTRICTIVE DECLARATION<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SD/SP FIRE PUMP TEST : FP-86<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SEPTIC SYSTEM: SEPTIC COMPLIANCE UNIT APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SITE SURVEY: FINAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SPRINKLER (SP) SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SPRINKLER/STANDPIPE ELECTRICAL LETTER<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STANDPIPE INSP REPORT : FP-84<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STREET TREE SIGNOFF<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> STREET: NEW NAME APPROVED<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SWIMMING POOL: DEP APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TAP LETTER - DOM SVC : DEP-DOM<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TAX LOT: FINAL LOT NUMBER ISSUED<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> TREE REMOVAL: OUTSIDE PROP./PARKS APPR<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> URBAN RENEWAL AREA: HPD APPROVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> WATER METER PERMIT : DEP-METER<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> WELDERS AFFIDAVIT |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|          |                                                                      |
|----------|----------------------------------------------------------------------|
| <b>3</b> | <b>Statement and Signatures</b> <i>Required for all applications</i> |
|----------|----------------------------------------------------------------------|

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Is TR1 form required? ☒ Yes ☐ No

**PAA Only**

Is ZD1 form required? ☐ Yes ☐ No

Name (Please print)

Signature

See POC1 for completion of this section  
including all signatures and seals.